

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2002 8:00 am
Secretary of State

04-30-2002 90047 045 ****70.00

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1. Entity Name

PUERTO RICO CHAMBER OF COMMERCE OF FLORIDA, INC.

Principal Place of Business

**306 E. BULLARD PKWY.
TAMPA FL 33617
US**

Mailing Address

**P.O. BOX 25011
TAMPA FL 33617
US**

2. Principal Place of Business

3. Mailing Address

17905 CACHET Isle

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

TAMPA, FL.

Zip

Country

33647

Country

HILLSBOROUGH

4. FEI Number

59-3228361

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**RAMOS, JOSE S
306 E. BULLARD PKWY.
TAMPA FL 33617**

7. Name and Address of New Registered Agent

Name **Jose S. RAMOS**

Street Address (P.O. Box Number is Not Acceptable)

17905 CACHET Isle

City **TAMPA**

FL

Zip Code **33647**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete
NAME **TORRES, DOMPART**
STREET ADDRESS **CALLE TETUAN #100**
CITY-ST-ZIP **SAN JUAN, P.R. 00902**

TITLE **TD** ☐ Delete
NAME **RAMOS, JOSI S.**
STREET ADDRESS **222 E. BULLARD PKWY.**
CITY-ST-ZIP **TAMPA FL 33617**

TITLE **SD** ☐ Delete
NAME **DE ROSA, LUIS**
STREET ADDRESS **1801 CORAYWAY #407**
CITY-ST-ZIP **MIAMI FL 33145**

TITLE **VP** ☐ Delete
NAME **TORO, MANUEL**
STREET ADDRESS **685 S. C.R. HWY. #427**
CITY-ST-ZIP **LONGWOOD FL 32750**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
Jose S. Ramos - Treasurer VP
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/2002 813-985-3174
Date Daytime Phone #

CR2E037 (9/01)